STATE OF SOUTH CAROLINA	) BEFORE THE		
(Caption of Case)	PUBLIC SERVICE COMMISSION		
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA		
John Doe dba Doe's Limo	)		
Ellen HOWARD	TRANSPORTATION COVER SHEET		
LITENTIONARD	DOCKET COULT 200		
BA: Affordable CAroliNA	NUMBER: 2014 307 - 1		
777500000000000000000000000000000000000	If this is your first time filing an application with the PSC, you will not		
Limo Services	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.		
(Please type or print) Submitted by: Ellen Howard	Telephone: 803276.5788		
Address: 2300 Wilson Rd	Fax: 8032765925		
Newberry Sc. 29/08	Other: affondable autosA		
	Email: @ 6=//504th.Net		
NOTE: The cover sheet and information contained herein neither replace			
as required by law. This form is required for use by the Public Service be filled out completely.	Commission of South Carolina for the purpose of docketing and must		
NATURE OF ACTION	N (Check all that apply)		
Application - Class A/A Restricted	Request for Name Change on Certificate		
Application - Class C Taxi	Request to Amend Scope of Authority		
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)		
Application - Class C Charter Bus	Request to Amend Passenger Limit		
Application - Class C Non-Emergency	Request		
Application - Class C Stretcher Van	Exhibit		
Application - Class E Household Goods	Late-Filed Exhibit		
Application - Class E Hazardous Waste	Letter		
Application	Proposed Order		
Request for Extension to Comply with Order	Publisher's Affidavit		
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter		
of Public Convenience and Necessity to be Rescinded	Response		
Request for Cancellation of Certificate	Return to Petition		
Request for Suspension	Other:		
Request for Reinstatement			

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

Date: 7-7-14

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - CHARTER
Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.  Affordable Carolina (sord) Limouside Services
2300 Wilson Pd. Newberry 5.C. 29/08 Street Address of Applicant
P.O. Box 899 Prosperity 50 29/27  Mailing Address of Applicant (if different from street address)
(803) 276-5288 (803) 226-5925
effordable autosa @ bellsouth, wet
2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3. Select Entity Type: (Check one)
Individual Owner/Sole Proprietorship
Partnership - List names and addresses of all person having an interest in the business.
<ul> <li>Corporation - List names and addresses of two principal officers.</li> </ul>
l of 9

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### **BALANCE SHEET**

Balance at Time Application is Filed:

Month June Year 2014

According to the Application of Standard Standard

Assets: See X	HAched Financial 5+mt.
Cash	20 K
Receivables	
Real Estate	400 K
Buildings and Equipment (Net)	
Motor Vehicles (Net)	100 K
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	20 K
Total Assets*	540 K
Liabilities and Equity:	
Accounts Payable	10 K
Notes Payable	
Mortgages Payable	240 K
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	250 K
Capital Stock	
Retained Earnings	
Total Equity	290 K
Total Liabilities and Equity*	540 K

<sup>\*</sup> Total Assets = Total Liabilities and Equity

# PERSUNAL FINANCIAL STATEMENT

If proprietorship, include business and personal assets if corporation, include only personal assets

APPLICANT		······································		
Name	1-11	CO- APPLICANT		<del>-</del> <sub>1</sub>
Residence Address	Flen C. Howa	Name	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
City, State, & Zip	67 Outback Dr	, Residence Address	-··	<del>-  </del>
Residence. Phone	Prospenty SC	City, State, & Zip	29127	
Business Phone	(803)920-272	7 Residence. Phone		<del></del> -
- 40ME	-(11) 276 -578	8 Business Phone	·	<del>- </del> '
Assets		,		<b>_</b> _J
Cash and Savings	<u> </u>			
	<del></del>			
Stocks , Mutual Funds and Securities	5			
detail on Schedule A)	<del></del>			
Votes, Ioans, and accounts receivable	0			
detail on Schedule 8)				
Real Estate Owned (detail on Schedu	<u>lв С'</u>			
Automobiles, Boats, Etc				
ersonal Property	<del> </del>			
Other Assets - Itemize below				
CASH VAlue Life				
C) @ 15 Comm				
otal Assets				
The same of the same of the same of the same	~_ <del> </del>			
chedule A - Stocks/Marketable Secur	ritle			
chedule A - Stockefflerkotable Secur escription	ritle			
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hadute B - Notes, Laans, Accounts F	Repeivable.	Amount Owing	Date Payment Expected	
escription hadule B - Notes, Laans, Accounts F	Repeivable.	Amount Owing	Date Payment Expected	
nadule B - Notes, Leans, Accounts Fine + Address of Debtor  hedrife C - Real Estato  dress of Property	Reselvable  Description/Security held if any			
hadule B - Notes, Leans, Accounts Films + Address of Debtor	Repeivable.	Amount Owing  Market Value  3.50 V	Date Payment Expected  Mortgage Amount	Date Acquired/Coal

information contained in this statement is provided for the purpose of obtaining or engineering greatly of Automotive Obakitic Finance, (no. and/or Declars Capital, Inc. on behalf of the undersigned or person, firms, or curporation has behalf the undersigned may either severally or joinily with others, execute a quartenty in the Lender's favor. Each undersigned understends that the Lender is relying on the Information provided herein (including the designation covered until a written notice of a change is given to the Lender by the understands. The Lender is authorized to make all inquiries it down necessary to verify the accuracy of the statement and before its entire the credit in understands. The Lender is authorized to answer questions about its credit experience with the undersigned. The Lender is authorized to answer questions about its credit experience with the undersigned.

te of Financial Statement	Signatures
7-1-14	Ellenc Musez

#### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

#11000 per Hr. (3 Hr. Minimum)

(otherwise # 12000/Hr.)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokec	Florence	Lee	Saluda	
Aiken	Chester	Georgetown	Lexington	Spartanburg	
Allendale	Chesterfield	Greenville	Marion	Sumter	
Anderson	Clarendon	Greenwood	Mariboro	Union	
Bamberg	Colleton	Hampton	McCormick	Williamsburg	
Barnwell	Darlington	Horry	Newberry	York	
Beaufort	Dillon	Jasper	Осопее		
Berkeley	Dorchester	☐ Kershaw	Orangeburg	Statewide	
Calhoun	Edgefield	Lancaster	Pickens	/`	
Charleston	Fairfield	Laurens	Richland		

### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The nut to carry is based on the number of seatbelts in the vehicle, including the	mber of passengers a vehicle is equipped driver's seatbelt.)
1-7 Passengers, including driver	
8-15 Passengers, including driver	

### INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

	1	<b>!</b>			•
The fol	owing insurance quo	te is for:			
		Ellen.C.	Howam	0	
	PO. B	Ellen C. Name of Address of	Applicant	2 00	99/2/
		Address o	Applicant	790	<u> </u>
	k of Fremlum:		Limits Oneted: /9.	na Dalami	
Liabilit	Lisurance \$	950.00	Limits	0,000 C	54
	1	s for a term of		,	-
Minimu	m Limits - Intrastat	e Only:			
<del>/</del> نر	1-7 Passengers*		* Passengers =	Number of seatbelts in	- alia 2.1.
		\$ 25,000/100,900/25,000		including the driver's	n me venicie, seatbelt
_		ia Insura		na nu	
) 		Name of Insura	nce Company	Paring	
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eun fan	iliar with the Commis	SSION'S Ruipe and Requistions	e malasino en incomo ac		
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7	14 2014	_ Rever	I Dulhin		
V.	Daţe	Authorized in	surance Company Rep	oresentative's Signature	
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OTICE:	1				
you wi	sh to self-insure your	motor vehicles for liability	and property damage.	You must comply was	SC Code

#### N

Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or etter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Correct



18032760627

NICO-Rate for South Cerplina Columbia Insurance Company



Vehicle #1 Applicant: Affordable Limo Service (copy) 4/08/2012 A 49 PM EDT 7/14/2014 2:20 PM EDT Originally Quated Quote Printed: 2249187 Quote #: Description: 99 LINCOLN TOVIN CAR (21183) Registration State: 855 - Luxury Non-Stretched Sedan with Most Other Vehicles SC Class: Entity Type: Corporation Business Use: Commercial New/Renew; New Al/Lessor: Double Trailer: Type: Sedan No No Airbag: Size; 6 Seats Yes Territory! T - 91 Antilock Brakes: Yes Mid-Term: No Radius; Up to 100 Miles Power Units: Trailers: 0 Filings: None Interstate: No Limit (\$) Coverage Premium (\$) Physical Damage Liability 100,000 CSL 2,892 Stated Amount \$10,000 UM - SIAPD 75,000 CSL 485 2,500/2,500 Deductible: UIM - BI&PD 75,000 CSL 481 Medical Payments 5,000 451 In-Tow Comp/Cbil 641 Limit N/A AV Equipment N/A N/A Deductible: N/A in-Tow N/A Al/Lessor N/A Cargo Cargo N/A \$4,960 Limit N/A Vehicle Sub Total NICO-Rate Version: 8.3.31.216 Revision: 71SC2014R02.0

For Profit Yes

Disability For No
Type Limousine

Funeral Use No
Body Type Sedan
Stretch No

Classic Type No
Fare Box No
Cruising No

Primary Use Public

Luxury Auto Yes Most Stretched No

To: Mitch 276 5905

Columbia Insurance Company

NICO-Rete for South Carolina

## Account Summary For Affordable Limo Service (copy)



Quote #: 2249187	symbol	Coverage	Limit (\$)	Premium (\$)
··	7	Liability	100,000 CSL	2,892
1 1	7	UM - BIPD	75,00 <b>0 CS</b> L	485
Policy Type: AP	7	UIM - BIPD	75, <b>000 CSL</b>	481
	7	Medical Payments	5,000	451
Orbinsky Quoted: 4/69/2013 3:43 PM 607	1			
Orizinsky Quote: 4/08/2013 3:43 PM EDT Quote Prime: 7/14/2014 7:70 PM EDT Proposed Extra 1/14/2014 2:30 AM EDT Proposed Extra 1/14/2014 2:30 AM EDT				<del>5</del> 41
	7	Physical Damage	See Specific Unit	<del>24</del> 1
	(	Total ins Value	10,000	
	]			
Quoted By: Debbie Miller	ì			
Johnson & Johnson, Inc.				
200 Wingo Way, Ste 200	4			
Mt. Pleasant, SC 29484				
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dam@ijins.com	l l			
Producer:				
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DOT# Unknown				
MC #: Unknown	•			
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	}			Total \$4,950.00
	h	mision: 719C2014R02		

Revision: 71SC2014R02

8.3.31.216 NICO-Rate Version:

Vehicle Information <u>Unit</u> Med Pav Phys Dam Cargo Allessor UIM Flability DW <u>Unit</u> in-Tow Sub Total 4,950 641 N/A # 999 LINCOLN TOWN CAR 485 481 451 N/A 2,892

(21183) Deductible: 2,500/2,500

Cemp/Colt: \$10,000 Radius: Up to 100 Miles



## Exhibit Fit. Willing, and Able (FWA)

	Ellen C. Yoward
	Name of Applicant
1	. Are there currently any outstanding judgments against the Applicant?  O Yes
	If Yes, indicate nature of judgement(s) against applicant.
2	. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire moto carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?  Yes  No
3	. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated
	therewith? Yes O No

### **Exhibit on Driver Qualifications**

1.	Applicant understands that a	ill dr	ivers must be a minimum of 18 years of age.
	Yes	0	No
2.	Applicant understands that a and such record from the DM be maintained in the Applica	4V (	cified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.
	Yes	0	No
3.	must be maintained in the Ap	orin oplic	
4.	Applicant understands that all their possession when operatistate of residence of the drive	ing a	vers operating a vehicle under a Class C Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
1	Yes	0	No
5.	venicles to drivers who are re	gist	ass C Certificate holders are prohibited from employing or leasing ered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders.
/	Yes	C	No

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

SWORN TO BEFORE ME

This \_\_\_\_\_ day o

day of

Commission Evniros



# President

www.affordablecarolina.com
2300 Wileon Road • Newberry, SC 29108
Office (803) 276-5788 • 888-299-0993 • Fax (803) 276-5925
affordableautosa@bellsouth.net carolinahousing@yahoo.com

INSTANT MEMO	
FROM: _ Ellen Howard	R 2
SUBJECT	
DATE: 7/11/14	
Daing Limos to the	
- ballpames - South Carolina + Clemson panes.	
Would like to have	,
ficense in time to do the South Carolina -	
Texas A+M pane	
Thouks Arain 11	•
Thouks April !!	

MFG 1017